

WG COPY

SQDRN COPY

PERSONAL COPY:

CAP MOTOR VEHICLE OPERATOR'S PERMIT APPLICATION---KSWG

PLEASE PRINT

I. PERSONAL INFORMATION

PLEASE PRINT

NAME (Last, First, MI)					TODAY'S DATE		
					MONTH:	DAY:	YEAR:
RANK		CAPID NUMBER			NAME OF UNIT		CHARTER NUMBER
							NCR-KS-
HEIGHT (IN)	WEIGHT	HAIR	EYES	SEX	DATE OF BIRTH		
					MONTH:	DAY:	YEAR:
HOME MAILING ADDRESS (Street, P.O. Box)					CITY		STATE

II. STATE DRIVER'S LICENSE INFORMATION

STATE OF ISSUE	LICENSE NUMBER	CLASS OF DL	EXPIRATION DATE		
			MONTH:	DAY:	YEAR:

RESTRICTIONS, IF ANY, AS NOTATED ON STATE DRIVER'S LICENSE:

Applicant MUST submit, with this application, a copy of their State driver's license!**III. TYPE OF VEHICLE TO BE OPERATED**

NOTE: CAP member will be permitted to operate CAP vehicles with same classification as allowed by state driver's license. Any exemptions, to this policy, will be noted on back of CAP driver's license.

IV. APPLICANT'S SIGNATURE

I, the undersigned, give the Kansas Wing permission to have access to my driving record maintained by the State's Division of Motor Vehicles. Further, I am aware that this application may be rejected because of my record as maintained by the State.

DATE SIGNED:					SIGNATURE:
	MONTH:	DAY:	YEAR:		

V. UNIT COMMANDER'S CERTIFICATION

I certify that I have witnessed the applicant's driving ability and find him/her fully qualified to operate the class of vehicle requested.

DATE: _____ SIGNATURE _____

VI. WING HEADQUARTER'S ACTION

ISSUED: ☐ LOG NUMBER: _____ DATE ISSUE _____

REJECTED: ☐ KS _____ DATE EXPIR _____